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CONFIRMATION NO. 3677

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10/531,598		424	1618	9404.20834

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**** CONTINUING DATA *******

This application is a 371 of PCT/SE03/01598 10/15/2003

**** FOREIGN APPLICATIONS *******

SWEDEN 0203065-8 10/16/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/MICAH-PAUL YOUNG/ Examiner's Signature	Initials	SWEDEN	1	48	2

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TITLE

Gastric acid secretion inhibiting composition

FILING FEE RECEIVED 4910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit